

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY



W-02822A
Sleepy Hollow Mobile Home Estates
6001 S. Palo Verde
Tucson, AZ 85706

RECEIVED

MAR 05 2007

AZ CORPORATION COMMISSION
DIRECTOR OF UTILITIES

ANNUAL REPORT

FOR YEAR ENDING

12	31	2006
----	----	------

FOR COMMISSION USE

ANN 04	06
--------	----

PROCESSED BY:

3-5-07 RF

SCANNED

COMPANY INFORMATION

Company Name (Business Name) <u>SLEEPY Hollow Mobile Home Estates</u>		
Mailing Address <u>6001 So. PALO VERDE</u>		
<u>Tucson</u> (City)	<u>AZ</u> (State)	<u>85706</u> (Zip)
<u>520-624-7775</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>520-440-7529</u> Pager/Cell No. (Include Area Code)
Email Address _____		
Local Office Mailing Address _____		
<u></u> (Street)		
<u></u> (City)	<u></u> (State)	<u></u> (Zip)
<u></u> Local Office Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u></u> Pager/Cell No. (Include Area Code)
Email Address _____		

MANAGEMENT INFORMATION

Management Contact: _____			
<u></u> (Name)		<u></u> (Title)	
<u></u> (Street)	<u></u> (City)	<u></u> (State)	<u></u> (Zip)
<u></u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u></u> Pager/Cell No. (Include Area Code)	
Email Address _____			
On Site Manager: <u>Danny NG</u>			
<u></u> (Name)			
<u>615 W. ALTURA ST</u> (Street)	<u>Tucson</u> (City)	<u>AZ</u> (State)	<u>85705</u> (Zip)
<u>520-624-7775</u> Telephone No. (Include Area Code)	<u></u> Fax No. (Include Area Code)	<u>520-440-7529</u> Pager/Cell No. (Include Area Code)	
Email Address _____			

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: _____

(Name)

(Street)

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

Attorney: _____

ALBERT HARTWELL

(Name)

(Street)

177 N. Church Ave Suite 200 Tucson AZ 85701

(City)

(State)

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Pager/Cell No. (Include Area Code)

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

OWNERSHIP INFORMATION

Check the following box that applies to your company:

☐ Sole Proprietor (S)

☐ C Corporation (C) (Other than Association/Co-op)

☒ Partnership (P)

☐ Subchapter S Corporation (Z)

☐ Bankruptcy (B)

☐ Association/Co-op (A)

☐ Receivership (R)

☐ Limited Liability Company

☐ Other (Describe) _____

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

☐ APACHE

☐ COCHISE

☐ COCONINO

☐ GILA

☐ GRAHAM

☐ GREENLEE

☐ LA PAZ

☐ MARICOPA

☐ MOHAVE

☐ NAVAJO

☒ PIMA

☐ PINAL

☐ SANTA CRUZ

☐ YAVAPAI

☐ YUMA

☐ STATEWIDE

COMPANY NAME

Sleepy Hollow Mobile Home Estate

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights	30,000.00	24,000.00	1,000.00
304	Structures and Improvements			
307	Wells and Springs	5,000.00	4,000.00	1,000.00
311	Pumping Equipment	7,000.00	7,000.00	0
320	Water Treatment Equipment	2,000.00	2,000.00	0
330	Distribution Reservoirs and Standpipes	11,000.00	4,400.00	6,600.00
331	Transmission and Distribution Mains	125,000.00	89,500.00	35,500.00
333	Services	10,000.00	9,000.00	1,000.00
334	Meters and Meter Installations	3,000.00	1,000.00	2,000.00
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment	2,000.00	900.00	1,100.00
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS	195,000.00	146,800.00	48,200.00

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

Sleepy Hollow Dr. H Park

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			

This amount goes on the Comparative Statement of Income and Expense
Acct. No. 403.

Long the water well
be dry, than the park
we go to
city water
Deny

COMPANY NAME SLEET Hollow Public Works Estates

BALANCE SHEET

Acct .No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$	\$
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$	\$
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$	\$

NOTE: The Assets on this page should be equal to **Total Liabilities and Capital** on the following page.

COMPANY NAME

SLEEPY Hollow Mobile HOME STATE

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$	\$
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$	\$
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax	\$	\$
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$	\$

~~N/A~~
 Just see
 we to our
 water tenants in
 the car park
 P.M.

COMPANY NAME

SLEEPY Hollow
Mobile Home
ESTATES**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ 15,419.81	\$ 14,615.88
460	Unmetered Water Revenue	0	0
474	Other Water Revenues	0	0
	TOTAL REVENUES	\$ 15,419.81	\$ 14,615.88
	OPERATING EXPENSES		
601	Salaries and Wages	\$ 990.00	\$ 800.00
610	Purchased Water		
615	Purchased Power	4950.00	4900.00
618	Chemicals		
620	Repairs and Maintenance	1405.00	1400.00
621	Office Supplies and Expense	1150.00	1170.00
630	Outside Services	1415.00	1415.00
635	Water Testing	4011.70	3500.00
641	Rents		
650	Transportation Expenses		
657	Insurance – General Liability	1200.00	1200.00
659	Insurance - Health and Life		
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes	858.11	910.84
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ 15,053.11	\$ 14,242.84
	OPERATING INCOME/(LOSS)	\$ 366.70	\$ 373.04
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	NET INCOME/(LOSS)	\$ 366.70	\$ 373.04

COMPANY NAME

Sue Ann Holloway
M. H. L. 10/16/1**SUPPLEMENTAL FINANCIAL DATA****Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan	N/A			
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End \$ _____

Meter Deposits Refunded During the Test Year \$ _____

COMPANY NAME	SLEEPY Hollow Mobile Home Park	
Name of System	20094	ADEQ Public Water System Number (if applicable)

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
604101	25	140 US GAL	150'	3"	3"	1990

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
IF WATER WELL BREAK DOWN, WE CAN TURN ON TO CITY OF TUCSON WATER WITHIN		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
CITY OF TUCSON FIRE HYDRANT IN CORNER OF THE TRUCK PARK.			

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
N/A		5,000	1

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	Sleepy Hollow Public Water	
Name of System	20094	ADEQ Public Water System Number (if applicable)

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS			CUSTOMER METERS	
Size (in inches)	Material	Length (in feet)	Size (in inches)	Quantity
2	Copper + PVC	6500	5/8 X 3/4	
3			3/4	89
4			1	
5			1 1/2	
6			2	
8			Comp. 3	
10			Turbo 3	
12			Comp. 4	
			Turbo 4	
			Comp. 6	
			Turbo 6	

2000 PVC
4500 Copper

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

None

STRUCTURES:

7 CENTS 100' TO Enclosed WENT PRESSURE TANK.

OTHER:

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME:	Sleep Hollow Mobile Home Park	
Name of System	20094	ADEQ Public Water System Number (if applicable)

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2006

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	90			45,500.00
FEBRUARY	91			45,900.00
MARCH	87			44,000.00
APRIL	90			45,500.00
MAY	85			44,000.00
JUNE	87			54,000.00
JULY	86			56,000.00
AUGUST	86			60,000.00
SEPTEMBER	85			57,000.00
OCTOBER	90			58,000.00
NOVEMBER	91			55,000.00
DECEMBER	89			52,000.00
TOTALS →				617,200.00

What is the level of arsenic for each well on your system? < 0.1 mg/l
(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? _____ GPM for NO hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?

☐ Yes

☐ No

None

Is the Water Utility located in an ADWR Active Management Area (AMA)?

☒ Yes

☐ No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?

☐ Yes

☒ No

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME

Steeple Hollow Mobile Home Estate

YEAR ENDING 12/31/2006

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2006 was: \$ 91084

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

STATE CODE	AREA CODE	PRIMARY TAX RATE PER \$100 ASSESSED VALUE	SECONDARY TAX RATE PER \$100 ASSESSED VALUE	IRRIGATION DISTRICT \$ PER ACRE
901 01 20007	1200	10.5877	5.2773	

ASSESSMENT	VALUE IN DOLLARS	ASSESSMENT RATIO	ASSESSED VALUE IN DOLLARS	EXEMPTIONS	NET ASSESSED VALUE
LIMITED					
FULL CASH					
PERSONAL PROPERTY	24,000	24.5	5,880		5,880

2006 TAX SUMMARY		JURISDICTION	2006 TAXES	2005 TAXES	DIFFERENCE
PRIMARY PROPERTY TAX	622.56	PIMA COUNTY PRI	225.91	223.96	1.95
		SCHOOL EQUAL.	0.00	23.97	23.97-
LESS STATE AID TO EDUCATION	.00	SUNNYSIDE 12 PRI	334.50	232.58	101.92
		PIMA COLLEGE PRI	62.15	60.12	2.03
NET PRIMARY PROPERTY TAX	622.56	COUNTY BONDS SEC	42.04	39.33	2.71
		SUNNYSIDE 12 SEC	203.69	243.07	39.38-
SECONDARY PROPERTY TAX	288.28	PIMA COLLEGE SEC	11.44	12.01	.57-
		CEN ARIZ WTR SEC	7.06	6.60	.46
	910.84	LIBRARY DISTRICT	21.61	14.16	7.45
		FIRE DIST ASSIST	2.44	2.31	.13

TOTAL VALUE OF OPERATING PROPERTY-
TAXPAYER GROUP NO 010

TOTALS

910.84

858.11

52.73

PAYMENT INSTRUCTIONS

To pay the 1st half installment, send the 1st half coupon with your payment postmarked no later than 10/15/06. To pay the 2nd half installment, send the 2nd half coupon with your payment postmarked no later than 11/15/06. The minimum acceptable payment is 1/3 of the payment due, whichever is greater.

0022196 01 AV 0.293 **AUTO T9 0 0781 85705-426099

|||||
SLEEPY HOLLOW MOBILE HOME ESTATES
ATTN: DANNY F NG
615 W ALTURAS ST
TUCSON AZ 85705-4260

THERE WILL BE A CHARGE FOR EACH RETURNED CHECK
AND YOUR TAXES WILL REVERT TO AN UNPAID STATUS.

Please make your check
payable to

Beth Ford, Pima County Treasurer
and mail to:

Beth Ford
Pima County Treasurer
PO BOX 29011
Phoenix AZ 85038-9011



PLEASE INCLUDE YOUR
STAMPED COUPON
ON YOUR CHECK.

17941

ck # 345

10-15-06

S.H.

10/15/06

THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS			
DATE		AMOUNT	
12/11/11	ST	2000	
12/11/11	PAID		

SLEEPY HOLLOW MOBILE HOMES ESTATES

615 W. ALTURAS ST. PH 520-624-7775
TUCSON, AZ 85705

DATE 12/11/11

PAY TO THE
ORDER OF

12/11/11

\$

DOLLARS

JPMORGAN CHASE BANK, N.A.
PHOENIX, ARIZONA 85073

⑈000345⑈ ⑆122100024⑆

20194252⑈

⑈0000091084⑈

**VERIFICATION
AND
SWORN STATEMENT
Taxes**

RECEIVED

MAR 05 2007

AZ CORPORATION COMMISSION
DIRECTOR OF UTILITIES

VERIFICATION

STATE OF AZ
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	<u>PIMA</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Danny F. NG (PTR. OWNER)</u>
COMPANY NAME	<u>Sleepy Hollow Mobile Home Estates</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

520 440 7529

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS DAY OF

(SEAL)

COUNTY NAME	
MONTH	, 20__

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

COMPANY NAME

SLEEPY Hollow Mobile Home EST/ET

YEAR ENDING 12/31/2006

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported

146,158

Estimated or Actual Federal Tax Liability

15,000

State Taxable Income Reported

146,158

Estimated or Actual State Tax Liability

260.00

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances

Amount of Gross-Up Tax Collected

Total Grossed-Up Contributions/Advances

N/A

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

SIGNATURE

DATE

PRINTED NAME

TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED

MAR 05 2007

AZ CORPORATION COMMISSION
DIRECTOR OF UTILITIES

VERIFICATION

STATE OF _____

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)
NAME (OWNER OR OFFICIAL) TITLE
COMPANY NAME

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2006 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ _____

**(THE AMOUNT IN BOX ABOVE
INCLUDES \$ _____
IN SALES TAXES BILLED, OR COLLECTED)**

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

DAY OF

(SEAL)

MY COMMISSION EXPIRES _____

SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

COUNTY NAME	
MONTH	, 20__

SIGNATURE OF NOTARY PUBLIC

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE**
Intrastate Revenues Only

RECEIVED
MAR 05 2007
AZ CORPORATION COMMISSION
DIRECTOR OF UTILITIES

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>PIMA</u>	
NAME (OWNER OR OFFICIAL) <u>DANNY F. NG</u>	TITLE <u>PR. OWNER</u>
COMPANY NAME <u>SLEEPY Hollow Mobile HOME Estate</u>	

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION
FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2006 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES \$ <u>14,615.88</u>
--

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ 937.19
IN SALES TAXES BILLED, OR COLLECTED)

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.**

Danny F. Ng
SIGNATURE OF OWNER OR OFFICIAL
520-840-7529
TELEPHONE NUMBER

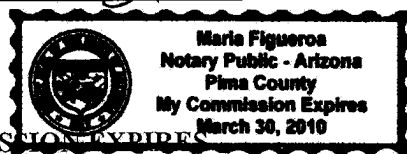
SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 31 **DAY OF**

(SEAL)

MY COMMISSION EXPIRES



03/30/2010

NOTARY PUBLIC NAME <u>Maria L. Figueroa</u>	
COUNTY NAME <u>Pima</u>	
MONTH <u>MAR</u>	DATE <u>31 Jan</u> , 20 <u>07</u>

[Signature]
SIGNATURE OF NOTARY PUBLIC